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Application Number: U9/891,638

Filing Date: 6/26/2001

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1. Fee Transmittal
2. Response to Office Action Dated 07/14/2005

Total pages including cover sheet: 17

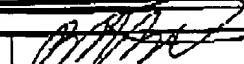
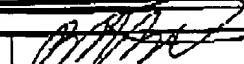
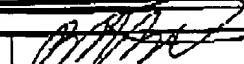
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<p><small>Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.</small></p> <p><small>Effective on 12/04/2004. Fee pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818)</small></p> <p style="font-size: 1.2em; font-weight: bold;">FEE TRANSMITTAL For FY 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p><b>TOTAL AMOUNT OF PAYMENT (\$ 0.00)</b></p>		<p style="text-align: center;"><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/891,638</td> </tr> <tr> <td>Filing Date</td> <td>12/26/2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Nathan E Perry</td> </tr> <tr> <td>Examiner Name</td> <td>Thielen P Knowlin</td> </tr> <tr> <td>Art Unit</td> <td>2643</td> </tr> <tr> <td>Attorney Docket No.</td> <td>DC1 0069US</td> </tr> </table>		Application Number	09/891,638	Filing Date	12/26/2001	First Named Inventor	Nathan E Perry	Examiner Name	Thielen P Knowlin	Art Unit	2643	Attorney Docket No.	DC1 0069US																																																																																																				
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<p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____</p> <p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee &amp; Hayes, PLLC</p> <p>For the above identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments</p> <p><small>under 37 CFR 1.16 and 1.17</small></p> <p><small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small></p>																																																																																																																			
<p><b>FEES CALCULATION</b></p> <p><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fee Paid (\$)</th> </tr> <tr> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </tbody> </table> <p><b>2. EXCESS CLAIM FEES</b></p> <p><b>Fee Description</b></p> <p>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent <b>Fee (\$)</b> <b>Fee (\$)</b></p> <p>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent <b>Fee (\$)</b> <b>Fee (\$)</b></p> <p>Multiple dependent claims <b>Fee (\$)</b> <b>Fee (\$)</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> <th>Fee (\$)</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>- 20 or HP -</td> <td>x 50</td> <td>=</td> <td></td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td></td> <td></td> </tr> <tr> <td colspan="4"><small>HP = highest number of total claims paid for, if greater than 20</small></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>- 3 or IFP -</td> <td>x 200</td> <td>=</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"><small>IFP = highest number of independent claims paid for, if greater than 3</small></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>3. APPLICATION SIZE FEE</b></p> <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$210 (\$125 for small entity)</p> <p>for each additional 50 sheets or fraction thereof. See 35 U.S.C. 11(3)(1)(G) and 37 CFR 1.16(s).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 up fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 -</td> <td>/ 50 =</td> <td>(round up to a whole number) x</td> <td>=</td> <td>Fee Paid (\$)</td> </tr> </tbody> </table> <p><b>4. OTHER FEE(S)</b></p> <p>Non-English Specification, \$130 fee (no small entity discount)</p> <p>Other:</p>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Reissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee (\$)	- 20 or HP -	x 50	=		Fee (\$)	Fee Paid (\$)			<small>HP = highest number of total claims paid for, if greater than 20</small>								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)					- 3 or IFP -	x 200	=						<small>IFP = highest number of independent claims paid for, if greater than 3</small>								Total Sheets	Extra Sheets	Number of each additional 50 up fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 -	/ 50 =	(round up to a whole number) x	=	Fee Paid (\$)
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<p><b>SUBMITTED BY</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Signature</td> <td></td> <td>Registration No (Attorney/Agent)</td> <td>40480</td> <td>Telephone (509) 324-9266</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="4">Rocco L. Adornato</td> </tr> <tr> <td></td> <td colspan="4">Date 11/07/05</td> </tr> </table> <p>This collection of information is required by 37 CFR 1.130. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed application form to the USPTO. If you need assistance in completing this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p><small>If you need assistance in completing this form, call 1-800-PTO-9194 and select option 2.</small></p>				Signature		Registration No (Attorney/Agent)	40480	Telephone (509) 324-9266	Name (Print/Type)	Rocco L. Adornato					Date 11/07/05																																																																																																				
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OCT 11 2005

Application Serial No. .... 09/891,638  
Filing Date ..... 26 June 2001  
Inventorship ..... Nathan E. Perry  
Applicant ..... BellSouth Intellectual Property Corporation  
Group Art Unit ..... 2642  
Examiner ..... Thjuan P. Knowlin  
Attorney's Docket No. .... BE1-0069 US  
Title: Systems and Methods for Implementing a Parental Control Feature Within a  
Telecommunications Network

RESPONSE TO OFFICIAL ACTION DATED 14 JULY 2005

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

From: Rocco L. Adornato (Tel. 509-324-9256 x257; Fax 509-323-8979)  
Customer No. 49584  
Lee & Hayes PLLC  
421 W Riverside Avenue, Suite 510  
Spokane, WA 99201

LEE & HAYES, PLLC

ATTORNEY DOCKET NO. BE1-0069 US

Serial No. 09/891,638

INTRODUCTORY COMMENTS

This communication is responsive to the Official Action dated 14 July 2005, for which a 30-day shortened statutory period for response is set for 14 October 2005. The status of each claim is indicated in the listing below.